DOCUMENT RESUME

ED 432 852 EC 307 338

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TITLE The School and Community Study: Summary of Preliminary Baseline Data.

PUB DATE 1998-00-00

NOTE 7p.; In: Chapter 4, "School Based Approaches," of Proceedings of the Annual Research Conference, A System of Care for Children's Mental Health: Expanding the Research Base (10th, Tampa, FL, February 23-26, 1997).

AVAILABLE FROM Web site: http://rtckids.fmhi.usf.edu/proceed10th/10thindex.htm

PUB TYPE Reports - Research (143) -- Speeches/Meeting Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.

DESCRIPTORS *Agency Cooperation; *Delivery Systems; Demography; Educational Innovation; Elementary Education; *Emotional Disturbances; *Integrated Services; Longitudinal Studies; Mental Health Programs; *School Community Programs; *Student Characteristics

IDENTIFIERS Kentucky; Vermont

ABSTRACT

This paper presents baseline data on students (mean age 10 years) with severe emotional disturbances at four public schools, two in Kentucky and two in Vermont, who will be followed in an evaluation of the application of a coordinated, community-based system of care operating in both states. Data are summarized concerning the service systems operating in both states, school involvement in the system of care approach, student characteristics (such as retention rates), and parent reports. (Contains 14 references.) (DB)

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# The School and Community Study: Summary of Preliminary Baseline Data

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## Introduction

Children who have serious emotional disturbances have been described as an underserved and ineffectively served group of youngsters with disabilities (Koyanagi & Gaines, 1993). Year after year "The Annual Report to Congress on the Implementation of the Education of Handicapped Children's Act" prepared by the Office of Special Education and Rehabilitation Services (OSERS) has documented the low number of children identified and served and the poor outcomes for those who are served in the special education system (see, for example, U.S. Department of Education, 1990). This report indicates that less than one percent of the school age population has been identified as seriously emotionally disturbed while conservative prevalence estimates range from three to five percent (Knitzer, 1982; Koyanagi & Gaines, 1993). Further results from the report indicate that children who have serious emotional and behavioral disorders have lower grade point averages and graduation rates and fewer attend post-secondary schooling as compared to all students who have a disability as well as students in general.

During the past 10 to 15 years, the special education community began a series of reform initiatives, responding to a number of annual reports to Congress documenting poor outcomes for children with disabilities (see, for example, U.S. Department of Education, 1995). These reforms focused on normalizing the experience of exceptional learners by increasing

*The School and Community Study* is a research activity of the Research and Training Center for Children's Mental Health, which is jointly funded by the National Institute on Disabilities and Rehabilitation Research and the Center for Mental Health Services, Grant # H133B90004.

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their contact with non-exceptional students. Models were developed to increase mainstreaming (Wang & Birch, 1984); to integrate regular education and special education (Will, 1986); and to completely include children with disabilities in all aspects of a totally comprehensive school (Sailor et al., 1989). At present, the reform literature, though extensive, is lacking on several counts. It is normative rather than empirical, and it lacks a comprehensive theoretical framework. In addition, there is no clear explication of which reform mechanisms, if any, contribute to positive outcomes for children who have emotional and behavioral disabilities. Furthermore, there are several different foci and combinations of reforms that could be occurring in a particular school.

*The School and Community Study* (SACS) has been designed to examine the various processes of reform in regular education, special education, mental health, and child welfare in terms of how these reforms contribute to improved outcomes for the children and families served. Specifically, this study will identify successful school-based models, explicate the interventions used, and demonstrate that there are efforts that are community-based, family-focused, and child-centered that contribute to improved outcomes for children and youth.

In order to produce a systematic and rich description of schools and communities that are effective in restructuring and improving outcomes for all children, including those who have emotional and behavioral disabilities, the study employs a multi-level model of reform. As presented in Figure 1, a school is the basic unit of analysis, while state and local mandates and initiatives serve as a context for the reform activities at the building level. A goal of this study will be to link these reform activities to improved outcomes for children who have emotional and behavioral disabilities.

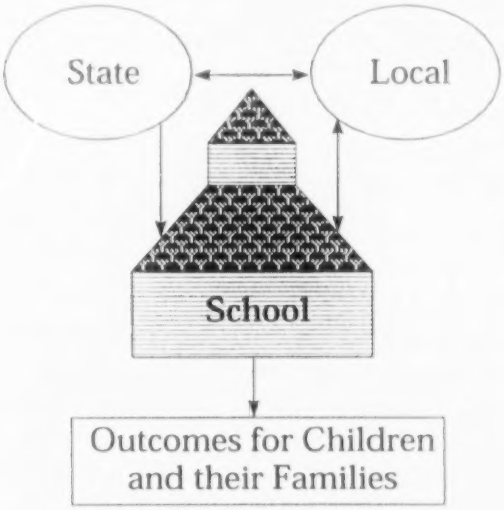
A sample of children who have emotional and behavioral disabilities was identified at each school in the study and will be followed longitudinally for two years. Data were collected from state administrators, social service providers, school staff, and children and their families. The following discussion summarizes the information gathered at baseline from the students at the schools in Phase I of the study. In Phase II, additional students will be recruited from a new sample of schools who have been nominated for their successful efforts in serving children who have emotional and behavioral disabilities.

## Method

### Subjects

Of the four public schools that comprise Phase I, two are located in Kentucky and two are in Vermont. From the four schools' total enrollment of 23 students formally identified with an emotional or behavioral disability, informed consent for 19 of these students was obtained from their parents or

**Figure 1**
**Effects of Restructuring and Reform on Outcomes for Children and Families**



caregivers. The study's sample of 19 students was representative of the schools' total enrollment of 23 students with respect to age, gender, race, and cost of school meals. The students in the sample were an average of 10 years old, mostly male (79%), Caucasian (95%), and receiving free or reduced price school meals (74%).

### Instruments and Measures

A variety of data collection methods were used including surveys, semi-structured interviews, and reviews of student records by study staff. In addition, standardized instruments used in the study include the Behavioral and Emotional Rating Scale (BERS; Epstein & Sharma, 1997), Child Behavior Checklist (CBCL; Achenbach, 1991), Child and Adolescent Functional Assessment Scale (CAFAS; Hodges, 1990), Child and Adolescent Services Assessment (CASA; Ascher, Farmer, & Burns, 1996), Client Satisfaction Questionnaire (CSQ; Attkisson & Zwick, 1982), Wide Range Achievement Test (WRAT; Jastak & Wilkinson, 1984), and the Slosson Intelligence Test (SIT; Slosson, 1984).

### Procedure

The identification of successful school-based models for inclusion in the study was achieved through a multi-method site selection process, consisting of a national call for nominations, an examination of responses to two surveys, and a site visit. Through a selection process, 81 nominated schools were winnowed down to six schools who were invited to participate in the study. Two schools were unable to continue in the study, resulting in 4 schools comprising Phase I of the study.

Preliminary baseline data collection was completed during the spring and summer of 1996. Data were collected from individuals at multiple organizational levels including state officials, local community leaders, members of local interagency committees, school personnel, parents, and the children themselves. Study staff traveled to the state and local government offices and the four schools to conduct interviews with representatives from these agencies. Visits to the schools also were used to review the students' records and administer the WRAT and SIT, only if the student's most recent intellectual assessment was more than two years old.

## Results & Discussion

### State and Local

The study attempted to assess the adherence to principles of a coordinated, community-based system of care operating in both Vermont and Kentucky. Through interviews with state and local officials and questionnaires completed by members of local interagency teams, it was evident that both states have had a long history of building community-based services for children with emotional and behavioral disabilities and their families. State and regional interagency committees were active in building coordinated and community-based services for children and state legislation supported their efforts. The strengths of the service system in Vermont were parent involvement and a commitment to coordinating services across agencies. The strengths of the service system in Kentucky were the interagency structure at the state and local level, state legislation, and having family members as equal partners in the treatment process.

### School

Since the school level data are from just four schools, it must be considered preliminary. However, patterns emerged in the areas of school governance, curriculum and instructional factors, accountability, and parent involvement. The schools have adopted various methods to ensure diverse input for decision making and indicate a movement toward a site-based approach of governance. While they have diverse instructional methods, curriculum content, and

special education procedures, the schools have a clear plan to assess the outcomes of these efforts. There has been a high degree of involvement of parents who have children with emotional and behavioral disabilities.

### Student

A third of the students had been retained at least once, and their IEPs had multiple objectives for reading, math, and written expression as well as social skills and on-task behavior. High rates of absenteeism were not a problem for the majority of this sample, and even though numerous discipline incidents were documented in school records, the most common consequences for these offenses were time out and warnings/reprimands.

For the most part, students were included in the regular activities of the school. Most spent the majority of their school day in a general education setting, used regular transportation, and had their school-wide testing results included in school progress reports. While individual and group counseling were the most common services received by the students, less than one quarter received these services from non-school based service providers in the school facility during the school day.

Scores on intellectual assessments were in the Low Average range ($M = 86.6$, $SD = 14.7$). Slightly lower achievement test scores were found for subtests of Reading ($M = 80.1$, $SD = 14.3$) and Math ($M = 77.4$, $SD = 16.4$). Achievement test results for about three quarters of the participants were below their grade level.

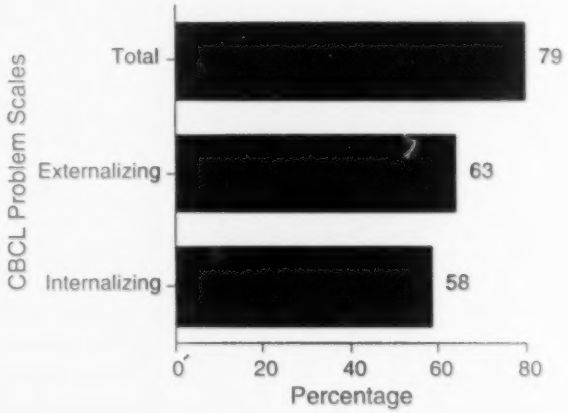
### Parent-Reported

Emotional and behavioral problems were first noticed at an average age of 4.9 years, while the average age of first help/intervention was 6.9 years. Most parents described the first problem as hyperactivity (21%) or aggressive behavior (37%) and reported counseling or evaluation as the first service received.

The majority of children had experienced severe emotional and behavioral problems in the past, with the most frequent behaviors being hyperactivity, difficulty getting along with peers, academic problems, excessive worrying, and extreme difficulty getting along with family members. At the time of the study, these children had serious emotional and behavioral disabilities with 79% of the participants scoring in the borderline or clinical range for the total problems scale of the CBCL (see Figure 2). Parents also reported that their children exhibited intrapersonal strengths (e.g., identifies own feelings) and affective strengths (e.g., asks for help). The results of the CAFAS are shown in Figure 3 and indicate that more than half had moderate or severe functional impairment in the domains of Behavior Toward Others (79%), Moods/Emotions (58%), and Role Performance at Home (63%) and School (79%).

The majority of participants had used a variety of services for their emotional and behavioral problems. For example, all participants had used at least one service within the professional help category (e.g., school-based related services). Parents were highly satisfied with educational services, but less

**Figure 2**
**Percentage of Students in the CBCL's Clinical or Borderline Ranges**

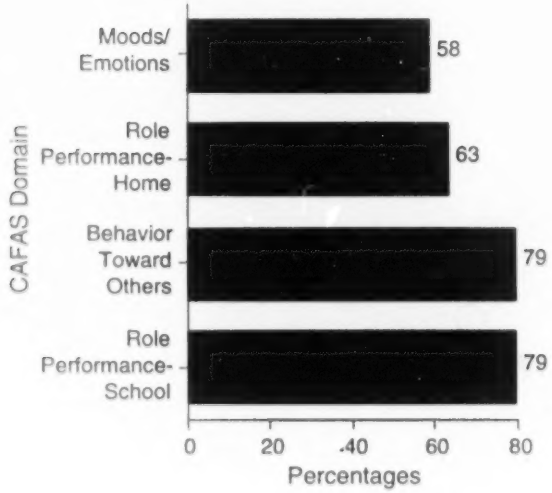


so with related services. Further, parents were highly involved in school functions and in the special education process.

## Conclusion and Future Directions

This paper summarized the information gathered at baseline in Phase I of the study from state and local officials, school staff, parents/caregivers, and students at four schools in Vermont and Kentucky. Follow-up data on the 19 students will be collected at 12 and 24 months. In Phase II, additional students will be recruited from a new sample of schools who have been nominated for their successful efforts in serving children who have emotional and behavioral disabilities.

**Figure 3**
**Percentage of Students in the CAFAS' Moderate or Severe Ranges**

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